United States Postal Service

Plant-Verified Drop Shipment (PVDS) CONSOLIDATED Verification and Clearance

1. Requested In-home Delivery Date *(3-day window)*

2. Drop Ship Appointment Number

MAILER: This form is for use by an individual mailer only, for multiple PVDS mailings cleared at origin on the same day for entry at a single destination on the same vehicle.

Mailer Information

3 Mailer Name

4. FAST Scheduler ID

5. Mailer Contact Name

6. Mailer Contact Telephone *(Include area code)*

7. Origin Plant Location *(City, state, ZIP+4®)*

8. Contact and Telephone at Company Making Drop Ship Appointment *(If other than mailer and if known when completing this form)*

9. Destination Entry Discounts Claimed *(Check all that apply)*

☐ DDU ☐ DBMC ☐ Parcel Select ® ☐ International Service Center (ISC)
☐ DSCF ☐ Mailing includes pieces for delivery outside service area of entry facility ☐ Other
☐ DADC

10. Individual Mailings

KEY *(Used below to describe individual mailings)*

Payment Type (12d): **P** Permit
No. of Pallets & Type(13a): **PK** Pallets with Packages **PP** Pallets with Parcels **M** Meters **PS** Pallets with Sacks **S** Precanceled Stamps **PT** Pallets with Trays
No. of Non-Palletized Containers & Type (13b): **S** Sacks **B** Bedloaded Packages **T** Trays **O** Other **P** Parcels
Processing Category : **L** Letters **I** Irregular Parcels **F** Flats **M** Machinable Parcels **A** Automation Compatible **N** Nonmachinable Parcels

11a. Permit Holder	11b. Product Name/ID	12a. Postage Statement Sequence No.	12b. Permit No. & Payment Type *(Except PER)*	13a. No. Pallets & Type	13b. Number of Non-Palletized Containers & Type	14a. Number of Pieces	14b. Piece Weight	14c. Total Gross Weight (Verified *at origin office)*	15a. Class of Mail	15b. Processing Category
Totals										

16. Comments

Origin Post Office *(Where verified)*

17. Origin Post Office™ *(City, state, and ZIP+4)*

☐ DMU *(Mailer's plant)* ☐ BMEU or Post Office

19. Permit Number

20. Postage Payment Method *(Except for Periodicals)* ☐ Permit ☐ Stamped ☐ Meter

21. Total Pieces

22. Total Weight of Mailing

23. Vehicle PVDS Seal Number

24. Vehicle ID Number

25. Comments

26a. Name of USPS® Employee Verifying Mail

26b. Employee's Telephone Number *(Include area code)*

26c. Signature of Verifying Employee

26d. USPS Contact Name *(If other than verifying employee)*

27. Round Stamp *(Required)*

Destination Entry Post Office or Delivery Unit

28. Entry Office *(City, state, and ZIP+4. Indicate type of facility — e.g.,if mail will be entered at a BMC facility, write "BMC" as well.)*

29a. USPS Receiving Employee Signature

29b. USPS Receiving Employee Name

30. Date/Time of Arrival

31. Date/Time of Departure

32. Comments *(NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)*

33. Load Condition Irregularities *(Check all that apply)*

☐ Broken Pallets
☐ Container Counts do not Match Form8125
☐ Damaged Mail
☐ Improper Mail Makeup
☐ Load Unsafe
☐ Mailings are not Separated by Form 8125
☐ Overweight Pallets
☐ Pallets Too Tall
☐ Package on BMC Non-Machinable
☐ Other *(Describe in item 28)*

34. Scan the barcode upon receipt.